

#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information or this form see instructions on the reverse side. assistance in completing this form, see instructions on the reverse side.

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IS THIS AN AMENDMENT? Yes No Comment	aits L	District States and a second	C St Cristian
COMMITTEE INFORMATION	This is the second	one se de la company de la com	ः इति को को गुरुष्य मुख्य को मुक्ति है।
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Diane Beyo	w name	ENCITOUETRIC COS	202
Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number	
		7 896-5	
4. Mailing Address (address where all campaign finance correspondence is received)  2841 Cross Creek Circle	Check if thi	s is a new address	done d
5. City, State, ZIP Code		y Affiliation (if applicable)	bund, early of
Westfield, IN 46079	PACKAGE PROCESSOR AND	epublican	THE STATE OF THE S
CANDIDATE INFORMATION (For Candidate's	Committe	ees Only)	The annual property
7. Full Name of Candidate (include any nickname)  Diane Cestic Beyer	8. Party	Affiliation or If Independe	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence	
Westfield Clerk-Treasurer	1000	Hamilton	
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement	t of Organization	n) Dost-Co	nvention
12. Reporting Period:		COLUMN A	COLUMN B 12 F
From: 1/1/07 Through: 4/13/07	The state of	This Period This	linia Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		.00	s leporting periodical. C
14. Cash on hand and investments January 1, current year.		onts January 1 conduct	.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		ndejelki isti satu oli jaji t näisis eoli suutois oli ja	
15a. Itemized (use Schedule A)	715	850.00	05000
15b. Uniternized		000.00	830.00
	BTOTAL		-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	850.00	8.50.00
10. Add times 10 and 100 in Column X and times 14 and 100 in Column B	MANAGE STATES	and a second control of	8 30.00
(Note: These amounts include in-kind expenditures and loan repayments.)	e kulturiki	an idua espena lutes en a	IN THE RESIDENCE AND ADDRESS OF THE PARTY OF
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		799.58	799.58
17b. Unitemized	1 Tetable	-3 temperature son i	10 030000 5
17c. Add lines 17a and 17b in both columns SL	JBTOTAL	799.58	799.58
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	50.42	50.42
19. Debts OWED BY the committee (use Schedule D)		850.00	in a see company (SAL
20. Debts OWED TO the committee (use Schedule E)	A Mistary and	To but to almost ten self-	1.00 (MAN) 00 C
CERTIFICATION	SOURCE	E manh substitution	BOR OFFICE USE ONLY
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Signature on File

VYARINING. Any injuritation contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who kighwingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-16, IC 3-9-4-16)



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#### (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	FERENCIAL AND	RECEIVED BY
Diane Beyer	Contributions:  Direct In-Kind (describe)			3/7/07
Dione Beyer 2891 Cross Creek Cir. Cuestfield IN, 46074	Other Receipts: Interest Loan Misc. (specify)	850.00	850.00	Diane Beyer
2.	Contributions;  Direct In-Kind (describe)	politeme pa peria		ateles ere
	Other Receipts:  Interest Loan  Misc. (specify)		NAME OF TAKE	
Contributor's Occupation (if required)				re-to-tree
3.	Contributions:  Direct In-Kind (describe)	I Ad-or-ar-tra	TARRES E	1862,170
the sum of the entry of the series with the series of the	Other Receipts:  Interest Loan  Misc. (specify)	TRAP IN COLUMN TO THE TRANSPORT	as la frage to	new ro
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)	12 45 - G.5		MINE STATE
art fra Nett al Green III is del carde proper al A B complete est	Other Receipts:  Interest Loan  Misc. (specify)	a luminos es ed econocido	DAME OF LOT	orana no na
Contributor's Occupation (if required)	ON THE LAST PAGE	A STOUGHOR HO	PALE PAGE	133 137
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	_			
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## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A  L. Severson Portrait  14602 Henderson Ct.  Westfield IN 46074	2/ / /	Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:	100.00	100.00	3/23/07
Victory Store 5200 SW 30th St. Davenport / A 52802	Canpaign materials	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	699.58	699.58	4/10/07
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2000.000		tolved trep red
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	vistorio estica		
	SUBTOTAL THIS PAGE	GE OF SCHEDULE B	\$ 799.58		
TOTAL OF ALL P.	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$ 799.58	the mount	u - Sapries



## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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# (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
& MAILING ADDRESS (street, number, city, state, ZIP code)		NATURE OF DEBT			
Diane Beger 2841 Cross Creek 4 Westfield IN 46079		850.00	3/5/	850.00	850.00
Westfield IN 46079	A se think go bourne essent	loan	3/7/07		
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LENDER'S OCCUPATION.				Too a strain	in med
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LENDER'S OCCUPATION:					
		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 850.00

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY

(Enter total on ITEM 19 of the Summary Sheet)

850.00